

CIVIL SERVICE COMMISSION
City Hall / Third Floor
218 Cleveland Avenue, S.W.
Canton, Ohio 44702 - 4218

CIVIL SERVICE COMMISSION
CITY OF CANTON, OHIO
Phone: (330) 489-3360
FAX: (330) 580-2059

TO BE CONSIDERED FOR EMPLOYMENT YOU
MUST COMPLETE THIS ENTIRE APPLICATION
ACCURATELY.
PLEASE PRINT CLEARLY

Yr's. at this _____

Present Address _____ Address _____ Phone No. (____) _____

City _____ State _____ Zip Code _____ Social Security No. _____

Alternate Phone No. (____) _____

How long have you lived in Stark County ? _____ How long have you lived in Canton ? _____ U.S. Citizen - Yes ☐ No ☐

The Civil Service Law prohibits classified employees from holding any position in a political office or club. Do you belong to any organization of this type at the present time ? Yes ☐ No ☐ Are you an elected official such as a precinct committee person ? ☐ Yes ☐ No

I am available for employment as follows: ☐ Temporary ☐ Full-Time ☐ Part-Time ☐ Seasonal .

Do you have a driver's license ? ☐ Yes ☐ No ♦ Do you have a Commercial Driver's License ? ☐ Yes ☐ No If yes, License No. _____

Branch of Military Service _____ Dates Served: From _____ To _____

Rank when separated: _____ Present Reserve Status: Active ☐ Inactive ☐

Describe any training or honors received in military: _____

Describe duties: _____

Did you serve at least 180 days consecutive active duty service ? _____ If yes, were you honorably discharged ? _____

TYPE OF SCHOOL	NAME	CITY & STATE	DATES ATTENDED	DEGREE	MAJOR / MINOR
High School			XXXXXXXXXXXXX XXXXXXXXXXXXX		
Vocational or Trade			From To		
College			From To		
College			From To		
Other Training			From To		

Office Machines Operated _____ Factory, construction, or street equipment operated: _____

Typing Speed _____ w.p.m. Shorthand Speed _____ w.p.m. Describe any other Special Training and/or Skills which are related to the kind of work you want to do: _____

Resume Attached Yes ☐ No ☐
DD-214 Attached Yes ☐ No ☐
Other _____

Name _____

First _____ Middle Initial _____ Last _____

Position _____

Test _____

Applying for _____

Date _____

Time _____

Filed _____

a.m. _____ p.m. _____

WOULD YOU OBJECT TO THE CITY'S CONTACTING YOUR PRESENT EMPLOYER FOR A REFERENCE ? Yes No
 (List your employment, starting with your most recent)

_____ to _____ month year month year _____ per _____ hrs. per salary week	Employer _____ Phone _____	Your title and duties _____		May we contact yes no O O (Initial)
	Location _____			
	Name of Supervisor _____		Number of Workers you Supervised _____ Reason for Leaving _____	
_____ to _____ month year month year _____ per _____ hrs. per salary week	Employer _____ Phone _____	Your title and duties _____		May we contact yes no O O (Initial)
	Location _____			
	Name of Supervisor _____		Number of Workers you Supervised _____ Reason for Leaving _____	
_____ to _____ month year month year _____ per _____ hrs. per salary week	Employer _____ Phone _____	Your title and duties _____		May we contact yes no O O (Initial)
	Location _____			
	Name of Supervisor _____		Number of Workers you Supervised _____ Reason for Leaving _____	
_____ to _____ month year month year _____ per _____ hrs. per salary week	Employer _____ Phone _____	Your title and duties _____		May we contact yes no O O (Initial)
	Location _____			
	Name of Supervisor _____		Number of Workers you Supervised _____ Reason for Leaving _____	

Give three (3) references who are citizens of Stark County, not employers or relatives. These references may be called upon to furnish detailed information concerning your habits, character, job reference and ability:

NAME	ADDRESS AND PHONE NUMBER	OCCUPATION

PLEASE READ CAREFULLY

I hereby certify that the answers given and statements made on this application are true and correct. I am aware that a representative of the City of Canton may conduct an investigation of my background to assist in determining my suitability for this employment. I further understand that any applicant who intentionally makes a false statement or who practices fraud in filling out this application will be refused employment. If already appointed, subsequent evidence of misrepresentation will be considered adequate cause for termination of employment.

I hereby authorize all my previous employers and references to furnish any information concerning my personal character, health, reputation, habits, and work records. I hereby release all such persons and the City of Canton from liability or damages incurred as a result of furnishing or obtaining this information.

Applicant's Signature _____

Date _____

(Rev. 11/98)

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, have applied to the City of Canton for the position of _____.

I hereby authorize the City of Canton through its employees, to conduct a background information investigation pertaining to my personal history.

I am aware of, and consent to, my personal, professional and medical background being investigated in order to determine my suitability for employment with the City of Canton. I understand in conducting a background investigation, that employees of the City of Canton may be making inquiries of schools which I have attended; physicians and other persons who may have examined or treated me for physical or other types of illness or injury; police or court records pertaining to any arrest or conviction; credit bureaus and/or other entities who may have information regarding my credit record and/or financial standing; present and previous employers and other persons who may be able to provide information about me. Such inquiries will also include a records search of documents available on OPEN online, an Internet computer service, and also WebCheck Services provided by the Ohio Bureau of Criminal Identification and Investigation.

By my signature below, I request and authorize the disclosure of the information described above. I hereby expressly release and waive the provider of the information, as well as the City of Canton and any of its employees or agents, from any liability which may arise out of the release of, or inspection of such documents, records and other information relating to the investigation made by or on behalf of the City of Canton.

I recognize the right of the City of Canton to treat, at its discretion, certain sources of information as confidential, and its right to withhold from me or my agent, the names of such confidential sources and the information obtained therefrom. I understand that any disclosure of information carries with it the potential for an unauthorized redisclosure and the information may not be protected by federal confidentiality rules.

I understand that authorizing the disclosure of this information is voluntary. I understand that I may revoke this authorization to release information in writing at any time, except to the extent that action has been taken in reliance thereon. I understand that by revoking this authority, my application for employment is withdrawn.

Signature of Applicant

Date

Printed Name of Applicant

Witness (any adult can be a witness)

AUTHORIZATION CANNOT BE ACCEPTED UNLESS SIGNED BY A WITNESS